


<b>PROPERTY LOSS/DAMAGE REPORT</b> <b>Contractors &amp; Employees</b> (Complete the non-shaded areas)		 <div style="display: inline-block; vertical-align: top;"> <b>State of Alaska</b>          Department of Natural Resources          Division of Forestry  <i>Use blue ink Print legibly</i> </div>		Date received _____ Received by _____																																	
				Date of Loss/Damage:     /     /																																	
Name and Address of Claimant:		Claim Amount: \$ _____		Date:     /     /																																	
		<b>Contractor &amp; Third Party Claims Only</b> Recommended Settlement (if applicable) Amount: \$ _____																																			
		Settlement Proposed by - Staff Initials: _____ Vendor Initials: _____																																			
		Staff Recommending Settlement Amount: _____																																			
Tax ID or SSN: _____		Daytime phone: _____		Staff (adjudicator) Home Unit: _____																																	
Item No.	Quantity	Description of Item (Attach Photographs Showing Damage) List Make, Model and Serial Numbers for All Equipment	Date Purchased	Original Purchase Price	Value per Item																																
				\$	\$																																
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				\$	\$																																
If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling \$1,000 or more.																																					
<b>Explanation.</b> Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ _____																																					
Insurance. Was property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No    Has claim been submitted to your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.																																					
Claimant Signature: _____			Date _____																																		
<b>Area Office Comments and Recommendations</b> _____ _____ _____ _____																																					
Regional FMO: _____		<input type="checkbox"/> Concurs with claim <input type="checkbox"/> Denies claim <input type="checkbox"/> Concurs with settlement amount		FMO Comments _____																																	
Date: _____																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Item No.</th> <th>Approved</th> <th>Denied</th> <th>Reason/Justification</th> <th>CC</th> <th>LC</th> <th>AC</th> <th>Amt. Approved</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </table>						Item No.	Approved	Denied	Reason/Justification	CC	LC	AC	Amt. Approved								\$								\$								\$
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Approving Officer Signature: _____			Title: _____		RD Code: _____																																
					Date _____																																

Claimant may appeal items/claims denied in writing to:

DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.

Original to State Area Office for Forwarding To Region

Copy to Claimant

DOF Revised 2005